

Village dental therapy deemed successful; dentists upset

DRILLING, FILLING: Five-village survey showed they're competent.

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A study that says Alaska's specially trained dental therapists are competently doing their jobs has fired up criticism from national dentist groups.

The therapists do some kinds of dental work in rural villages that only dentists are allowed to do elsewhere, like drilling, filling and pulling teeth.

A study sponsored mainly by the Kellogg Foundation concluded that dental therapists are technically competent to do the procedures, they operate safely under the general supervision of dentists and they successfully relieve pain for people who otherwise might have had to wait months for treatment.

The American Dental Association objects to non-dentists being permitted to drill or pull teeth. The group once sued to try to halt the dental-therapist program. It says the new study is flawed in part because it was based on a small number of participants, and says the study shouldn't be used to promote any major health policy decisions.

But a spokesman for the Kellogg Foundation said the study did what it was supposed to do: evaluate how well a program the foundation supports with grants is being carried out.

"It was not a study of the quality of care in Alaska," said Kathy Reincke, communications manager for the foundation. "We are encouraged by the findings."

Reincke said the Kellogg Foundation expects to announce later this month that it is making grants for similar programs in other states where organizations have been watching the Alaska program develop and are interested in having one of their own.

Fourteen dental therapists are now practicing in rural Alaska. They train for two years in Anchorage and Bethel, and learn to provide basic dental care, including treating cavities and pulling teeth. It's the only such program in the country that is open to high school graduates, said Dr. Mary Williard, dental therapist training director. There are similar programs in Minnesota but they require at least a bachelor's degree, she said.

The Alaska therapists are supervised by dentists but can practice in a different location from the supervising dentist.

DENTIST SHORTAGE

The Alaska Native Tribal Health Consortium runs the program, which began in 2006 and is intended to help make up for a shortage of dentists. Without ready access to a dentist, villagers with toothaches often have had to just live with the pain.

Typically, 25 percent of the dentist positions in tribal health organizations statewide are unfilled, said Williard, though it's better this year because of a tough economy in other parts of the country, she said.

The Kellogg study published last week examined the work of dental therapists in five unnamed Bush Alaska communities from among those in the first group to practice in Alaska, or in the U.S. as a whole, for that matter.

The first dental therapists were trained in New Zealand, which has a long-standing program.

The research was conducted over 2 1/2 years by RTI International of North Carolina, and was paid for by Kellogg and two Alaska organizations, the Rasmuson Foundation and Bethel Community Services Foundation.

The evaluators watched the dental therapists at work, placing sealant to prevent cavities, preparing fillings, installing stainless steel crowns and educating people on oral health.

They assessed dental records and fillings done by both dentists and therapists.

While the researchers conducted what they called a detailed examination, they were not able, as they originally intended, to compare villages served by therapists with those that were not. They said it was impossible to find comparable villages.

Their result is simply a case study of how the therapists are doing in five places.

FOES AND FANS

The American Dental Association settled the lawsuit it once waged against Alaska's dental therapy program but still opposes the idea of non-dentists performing surgery. So does the Alaska Dental Society, said Jim Towle, the group's executive director.

Dr. Raymond Gist of Flint, Mich., president of the national association, said it's a question of safety in case of complications.

"There are many times I've looked at an X-ray, numbed the person up for what I thought was an uncomplicated extraction, and spent hours trying to get that tooth up," he said.

The association supports another type of dental workers they call community dental health coordinators, who would teach prevention, do dental work short of any surgery, and sort out which patients need the attention of a dentist first.

Other dentist groups also downplayed the significance of the Alaska study's findings.

The American Academy of Pediatric Dentistry noted the study doesn't show how well the therapists did compared with licensed dentists and said the question of how effective the therapists are "has not been adequately addressed or answered."

The statement of another large association of dentists, the Academy of General Dentistry, said essentially that researching the effectiveness of practitioners with less education than dentists is a waste of scarce money.

"Now is not the time for such diversions," the academy said.

The American Dental Hygienists' Association praised the study, though, calling it "one of the first major demonstrations in the United States that restorative services (like filling cavities) can be successfully administered by non-dentist providers."

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